



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5240

| | | | | |
|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER 10/647,950 | FILING OR 371(c) DATE 08/26/2003 RULE | CLASS 600 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. 1999 CON 2 |
|-----------------------------|--|--------------|------------------------|--------------------------------------|

APPLICANTS

Wayne C. Person, Newtown, CT;

** CONTINUING DATA *****

This application is a CON of 09/779,021 02/07/2001 PAT 6,610,009 which is a CON of 09/235,593 01/22/1999 PAT 6,200,263 which claims benefit of 60/072,406 01/23/1998 *yes P.M.*

** FOREIGN APPLICATIONS *****

none P.M.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

| | | | | | | | | |
|--------------------------|---|---------------------------------|---|---------------------|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Met after Allowance | STATE OR COUNTRY CT | SHEETS DRAWING 9 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
|--------------------------|---|---------------------------------|---|---------------------|------------------------|---------------------|-------------------|-------------------------|

ADDRESS

50855

TITLE

Surgical instrument holder

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------|---|---|